

State of Wisconsin
Department of Workforce Development
Division of Workforce Solutions
Child Care Section

ANNUAL CHILD CARE RATES SURVEY - LICENSED FAMILY DAY CARE

Personal information you provide on this form may be used for secondary purposes (Privacy Law, s.15.04 (1) (m))

Dear Child Care Provider,

Each year Wisconsin child care agencies survey **all licensed providers** to collect child care prices and related information. The goal of this survey is to establish the most accurate market rates to be used to reimburse day care costs for low to moderate income families. The price information you submit may be used to calculate the annual Maximum Reimbursement Rates for the Wisconsin Shares Subsidy Program as required by DWD 56.06 of the Wisconsin Administrative Code. Your cooperation in completing and submitting this survey (along with your current printed price sheet) will allow us to establish a rate that is fair and competitive so that we may assist as many families as possible. *Please return this survey within the given time.*

All prices reported must be those you regularly charge "private-pay families" (i.e., families whose child care services are not subsidized with public funds). Report **weekly** prices as of July 2006. Please indicate the prices you charge according to the age categories listed on the following page. Field trip fees, meal fees, transportation fees, registration and material fees, unless incorporated into the weekly price for child care, cannot be paid for separately and therefore should not be reported on the survey. Verification of your reported price is necessary in order to accurately calculate the local agency maximum reimbursement rates for licensed family child care providers. ***Return this survey along with a copy of your current typed or printed fee schedule to the address listed here, even if you have not or are not caring for a child who qualifies for subsidy funding:***

The survey must be returned by _____. Only your verified weekly prices (from printed rate sheet) will be included in the calculation to determine 2007 maximum county/tribal child care reimbursement rates.

Please answer the following questions:

Licensed Family capacity for July 2006: _____

Number of **Full-time*** private-pay (not subsidized) children served in July 2006 _____
(*Two half-time, private-pay children count as one full-time private-pay child)

Does your daycare provide child care for a "targeted population"
(e.g., employer-sponsored, Head Start Wrap Around, 51.437, etc.)? ☐ Yes ☐ No

If yes, does your center also offer open enrollment for the general public? ☐ Yes ☐ No

Continue on the back

Day Care Name:		
Owner/Operator:		
Address of Facility:		Phone:
City:	State:	Zip:

Please provide your standard full-time price for each of the age categories below by completing the full-time weekly fee column with the price that you charge for that age group (include all prices for the age group). Include the price you charge even if you currently are not caring for any children in that age category. Indicate with N/A if you do not care for an age group. **If you charge on an hourly basis, indicate the AVERAGE WEEKLY amount that you received for a full-time child in each age category in the month of July.**

	Full-time weekly fee	
Under age 2 years		
Age 2 thru 3 years		
Age 4 thru 5 years		
Age 6 years and older		

Please provide your part-time rate for each of the age categories below. If you have multiple part-time rates, please list one that you charge for children that attend 20 hours/week. If you have an hourly rate for part-time care, please calculate a weekly rate by multiplying the hourly rate by 20 hours.

	Part-time weekly fee	
Under age 2 years		
Age 2 thru 3 years		
Age 4 thru 5 years		
Age 6 years and older		

Please read, check that you understand each point, sign and return to the address on front.

- _____ I have enclosed my printed price sheet.
- _____ I understand that, by signing this form, I acknowledge that the fees I have listed here are fees charged to private pay parents.

Signature _____ Date _____